DATENT	ΔΡΡΙΙ	CATION	FFF	DETERMINATION	RECORD
PAICNI	AFFLI	CALICIA	1		IILOUID

Effective October 1, 2001

Application or Docket Number

SAM SO1-00195

CLAIMS AS FILED - PART I (Column 1)			(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY				
TOTAL CLAIMS		20	2				RATE	FEE		RATE	FEE	
FOR			NUMBER F	ILED	NUMB	ER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS 20minus 20=			*			X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS 4 minus 3 =			* /			X42=	42	OR	X84=	84		
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0					r "0" in c	olumn 2		TOTAL		OR	TOTAL	824
CLAIMS AS AMENDED - PART II								SMALL E	NTITY	OR	OTHER SMALL	THAN
		(Column 1) CLAIMS		(Colui		(Column 3)	1 1	/ I	ADDI-) I		ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO	OUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE
NOME	Total	- 20	Minus	** (XO.	= /		X\$ 9=		OR	X\$18=	
AME	Independent	* A	Minus	***	4	= /		X42=		OR	X84=	
	FIRST PRESE	NTATION OF MI	JUITPLE DEP	ENDEN	CLAIM	/ -	J	+140=		OR	+280= /	
								TOTAL		OB	TOTAL	
(Column 1) (Column 2) (Column 3)												
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	##		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X42=		OR	X84=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM			+140=		OR	+280=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	ımn 2)	(Column 3)_					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NO.	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	IT CLAIM					1	-	
	If the entry in colu	mn 1 is less than t	the entry in colu	ımn 2. wri	ite "0" in c	olumn 3.		+140= TOTAL		OR	+280=	ļ
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												